

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Application Number</td> <td>09/883,654</td> </tr> <tr> <td>Filing Date</td> <td>06/18/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Catherine A. Getz</td> </tr> <tr> <td>Title</td> <td>ENHANCED LIGHT TRANSMISSION</td> </tr> <tr> <td>Art Unit</td> <td>1771</td> </tr> <tr> <td>Examiner Name</td> <td>PIZIALI, ANDREW T</td> </tr> <tr> <td>Attorney Docket Number</td> <td>OPT0019USI</td> </tr> </table>	Application Number	09/883,654	Filing Date	06/18/2001	First Named Inventor	Catherine A. Getz	Title	ENHANCED LIGHT TRANSMISSION	Art Unit	1771	Examiner Name	PIZIALI, ANDREW T	Attorney Docket Number	OPT0019USI
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Gokalp Bayramoglu	66305

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<input checked="" type="checkbox"/> Firm or Individual Name	Gokalp Bayramoglu		
Address	522 Independence Dr.		
City	Pleasanton	State	CA Zip 94566
Country	USA		
Telephone	925-890-3734	Email	alpbayramoglu@hotmail.com

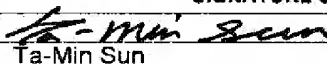
I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	05/13/2010
Name	Ta-Min Sun	Telephone	+886-02-2709-8779
Title and Company	President, TPK Touch Solutions Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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